

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number		Filing Date			
Applicant(s) Dewhirst, R. E. et al.							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	CANCEL						51	Ind.				
2	CANCEL						52		51			
3	CANCEL						53		51			
4	CANCEL						54		53			
5	CANCEL						55					
6	CANCEL						56					
7	CANCEL						57					
8	CANCEL						58					
9	CANCEL						59					
10	CANCEL						60					
11	CANCEL						61					
12	CANCEL						62					
13	CANCEL						63					
14	CANCEL						64					
15	CANCEL						65					
16	CANCEL						66					
17	CANCEL						67					
18	CANCEL						68					
19	CANCEL						69					
20	CANCEL						70					
21	CANCEL						71					
22	CANCEL						72					
23	CANCEL						73					
24	CANCEL						74					
25	CANCEL						75					
26	CANCEL						76					
27	CANCEL						77					
28	CANCEL						78					
29	CANCEL						79					
30	CANCEL						80					
31	CANCEL						81					
32	CANCEL						82					
33	CANCEL						83					
34	Ind.						84					
35		34					85					
36		35					86					
37		36					87					
38		37					88					
39		38					89					
40		35					90					
41		40					91					
42	Ind.						92					
43		42					93					
44		43					94					
45		44					95					
46		45					96					
47		44					97					
48		47					98					
49		45					99					
50		45					100					
Total Indep							Total Indep	3				
Total Depend							Total Depend	18				
Total Claims							Total Claims	21				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

CLAIMS ONLY

SERIAL NO.

09928725

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS